

RP0913 - PREPARE MOTOR TRANSPORT FORMS AND RECORDS(ACCIDENT REPORT FORMS)

PURPOSE. The purpose of the next period of instruction is to teach you the required documents and how to correctly complete each. The Motor Vehicle Accident Report, which is also known as SF 91, is a four-page document used to provide a detailed report of any accident involving a government vehicle. The report enables the vehicle operator to record important information about the accident. This report protects both you (the vehicle operator) and the government against false claims or exaggerations. The Accident Identification Card, which is also known as DD Form 518, is one of the forms you need to complete at the scene of an accident. This form provides anyone involved in an accident with the important facts about you and your vehicle.

LEARNING OBJECTIVES

a. TERMINAL LEARNING OBJECTIVES:

(1) Provided with references, prepare motor transport forms and records, to safely meet operation requirements with no injury to personnel or damage to equipment, per the references. (RP00.09.15)

b. ENABLING LEARNING OBJECTIVES:

(1) Given a student handout entitled "Motor Vehicle Accident Reports and references, identify which forms are required when a government owned or lease vehicle is involved in an accident, per the information contained in the references. (RP00.09.15a)

(2) Given a student handout entitled "Motor Vehicle Accident Reports and references, identify the purpose and disposition of the forms, per the information contained in the references. (RP00.09.15b)

(3) Given a student handout entitled "Motor Vehicle Accident Reports", a Standard Form 91 and a written scenario describing a hypothetical accident involving a government owned or lease vehicle, complete page one of the Standard Form 91 correctly, per information contained in the reference. (RP00.09.15c)

(4) Given a student handout entitled "Motor Vehicle Accident Reports", a Standard Form 91 and a written scenario describing a hypothetical accident involving a government owned or lease vehicle, complete page two of the Standard Form 91 correctly, per information contained in the reference. (RP00.09.15d)

(5) Given a student handout entitled "Motor Vehicle Accident Reports", a Standard Form 91 and a written scenario describing a hypothetical accident involving a government owned or lease vehicle, complete page three of the Standard Form 91 correctly, per information contained in the reference. (RP00.09.15e)

(6) Given a student handout entitled "Motor Vehicle Accident Reports", a Standard Form 91 and a written scenario describing a hypothetical accident involving a government owned or lease vehicle, complete page four of the Standard Form 91 correctly, per information contained in the reference. (RP00.09.15f)

(7) Given a student handout entitled "DD 518 Vehicle Identification Card", and a written scenario describing a hypothetical accident involving a government owned or lease vehicle, complete the DD 518 form correctly, per information contained in the reference provided. (RP00.09.15g)

SF-91

a. Purpose of the SF-91.

The Motor Vehicle Accident Report, which is also known as SF-91, is a four-page document used to provide a detailed report of any accident involving a government vehicle. The report enables the vehicle operator to record important information about the accident. This report protects both you (the vehicle operator) and the government against false claims or exaggerations.

b. Responsibilities.

(1) The operator of any vehicle, to include towed trailers involved in an accident are responsible for initiating a Motor Vehicle Accident Report (SF-91), provided that individual is able to do so.

(2) A second Party may initiate the SF-91 for the operator, using available witness if the operator is unable to do so.

(3) The operator's supervisor is responsible for completing the supervisor's designated portions of the SF-91.

(4) The investigating officer is responsible for completing the accident investigators portion per the Manual of Judge Advocate General.

c. Procedures When Involved in an Accident.

As an operator of a government vehicle, you have certain responsibilities at the scene of an accident. These responsibilities include:

(1) Render First Aid.

If involved in an accident and are not injured, one of the first things you should do is to render first aid to any injured persons and to summon the nearest emergency medical services.

(2) Respond to Fire and Hazardous Spills.

If a fire breaks out or if a fuel/oil spill occurs, call the fire department immediately. In case of a fuel spill, immediately shut off the engines of all involved vehicles. Prohibit smoking within 50 feet of the accident.

(3) Contact Authorities.

If the accident occurs off base, contact the civilian police. If the accident occurs on base, contact the military police.

(4) Set Warning Signs and/or Devices.

If you are uninjured, set warning devices such as warning triangles or flares to alert traffic in the area of the accident and avoid another accident. If guards or other Marines are available, you can also post them to warn traffic of the accident.

(5) Call your Unit.

After the accident scene is stabilized, call your unit to inform them of the accident.

d. Procedures for Completing The SF-91

As the vehicle operator, you are also responsible for completing the Motor Vehicle Accident Report (SF-91) when your vehicle is involved in an accident regardless of whose fault or how minor the accident is. You will be given an SF-91 at the same time you receive the trip ticket from the dispatcher. All the information entered on the SF-91 other than signatures must be completed by printing clearly.

(1) Page 1, Section I Federal Vehicle Data:

Section I is used to record several types of information, including information about you (as the vehicle operator) and the government vehicle you are operating.

(a) Block 1, Driver's Name. The operator's last name, first name, and middle initial must be clearly entered.

(b) Block 2, Driver's License Number. Operators will enter their Government motor vehicle operator's permit number.

(c) Block 3, Date of Accident. Enter the correct date.

(d) Block 4a, Department/Federal Agency Permanent Office Address. Enter USMC and operator's Unit name and address.

(e) Block 4b, Work Telephone Number. Enter the area code and telephone number of operators unit.

(f) Block 5, Tag or Identification Number. All Marine Corps vehicles and trailers have a six-digit number on both sides and rear of the vehicle, enter this number.

(g) Block 6, Est. Repair Cost. Here the operator should enter the estimate of the cost to repair the Government vehicle or it may be left blank until the vehicle has been inspected and an estimate is provided.

(h) Block 7, Year of the Vehicle. The year the vehicle was manufactured or rebuilt will normally be stamped on a data plate on the dashboard of the vehicle. If not, the information can be found in the vehicle record jacket.

(i) Block 8, Make of Vehicle. The manufacturer's name would be entered in this block. The M998 series vehicles are manufactured by A. M. General Corp.

(j) Block 9, Model. Enter M998, M1123 and so forth.

(k) Block 10, Seat Belts Used. The operator would check the appropriate block to indicate if the seat belts were in use at the time of the accident. Remember, if the vehicle is equipped with seat belts they must be used at all times.

(l) Block 11, Describe Vehicle Damage. The operator should list only the physical to the vehicles and damage caused by the accident.

(2) Section II, Other Vehicle Data. This section is used when there are additional vehicles involved. If more than one vehicle is involved, the operator can

record this same information in the blank space in Section VIII, or add additional sheets of bond paper to be attached to the SF-91.

- (a) Block 12, Driver's Name. The last name, first name, and middle initial of the other driver involved in the accident are entered in this block.
- (b) Block 13, Drivers License Number, State, Limitations. The other driver's license number, the state it was issued by and any limitations or restriction listed on the driver's license such as must wear eyeglasses, no driving after dark or any other restrictions are entered in this area.
- (c) Block 14a, Driver's Work Address. Enter the other driver's place of employment and the address.
- (d) Block 14b, Work Telephone Number. If the other vehicle driver is employed the operator should ask for their work phone number to include the area code.
- (e) Block 15a, Driver's Home Address. The operator should ask the other driver for their current address if it is different than the address on their driver's license, and enter it in this block.
- (f) Block 15b, Home Telephone Number. Enter the current telephone number or a number the other driver can be reached at.
- (g) Block 16, Describe Vehicle Damage. Only the damage to the other vehicle the operator knows was caused by the accident is entered in this block.
- (h) Block 17, Estimate Repair Cost. Enter the estimate of the cost to repair the other vehicle.
- (i) Block 18, Year of Vehicle. Enter the year the vehicle was manufactured.
- (j) Block 19, Make of Vehicle. Enter the vehicle manufacturer such as Chevy, Ford, or Honda.
- (k) Block 20, Model of Vehicle. Enter the model of the vehicle such as convertible, pick-up or any other distinguishing feature of the vehicle such as model numbers.
- (l) Block 21, Tag Number and State. Enter the tag (license plate) number and the state it was issued by.
- (m) Block 22a, Driver's Insurance Company Name and Address. Enter the other driver's insurance company name and address.
- (n) Block 22b, Policy Number. Enter the policy number of the other driver's insurance company.
- (o) Block 22c, Telephone Number. Enter the telephone number of their insurance company.
- (p) Block 23, Vehicle Is. There are four blocks to describe the vehicle ownership. The operator must check one of the blocks that apply to this particular vehicle.
- (q) Block 24a, Owners Name(s). This block is used to record the name or names of the owner(s), which may be other than the person who is driving it at the time of the accident.
- (r) Block 24b, Telephone Number. Enter the owner's telephone number.

(s) Block 25, Owner's Address. Enter the address of the owner or if the vehicle is co-owned, enter the addresses of both owners.

(3) Section III, Killed or Injured. This section is subdivided into A and B to allow the operator to record information concerning two individuals. If more than two persons are killed or injured the operator would have to record this information in the blank space of Section VIII or add additional sheets of bond paper to the SF-91.

(a) Block 26, Name. Enter the name of the person killed or injured.

(b) Block 27, Sex. The operator will enter M or F, as appropriate.

(c) Block 28, Date of Birth. The operator will, if able, enter their birth date and the birth date of any other persons killed or injured.

(d) Block 29, Address. The operator will, if able, enter the victim's address and their own address if injured.

(e) Block 30, Mark "X" In Two Appropriate Boxes. The operator will mark "X" in two boxes which best describe the killed or injured person.

(f) Block 31, In Which Vehicle. The block (FED or OTHER) that applies will be checked by the operator.

(g) Block 32, Location in Vehicle. The operator, if able, will enter where the injured person(s) was/were in the vehicle when the accident occurred.

(h) Block 33, First Aid Given By. Any persons who administered first aid at the scene of the accident will be listed in this block.

(i) Block 34, Transported By. The operator, if able, will enter how the injured person(s) was/were transported such as private auto, police, or ambulance.

(j) Block 35, Transported To. The operator, if able, will enter where the injured person(s) was/were transported to.

(k) Block 46, Pedestrian. This block is subdivided into a, b, and c and is used only when a pedestrian is involved in the accident.

(l) Block 46a, Name of Street or Highway. The name of the street or highway the pedestrian was crossing at the time of the accident will be entered in this block.

(m) Block 46b, Direction of Pedestrian. The operator will annotate where the pedestrian started from and where they were crossing to, to include the direction.

(n) Block 46c, Describe What Pedestrian was doing at Time of Accident. The operator will list what the pedestrian was doing at the time of the accident, such as crossing the intersection with the signal, against the signal, or diagonally; in the roadway playing, walking, or hitchhiking, and so forth.

(4) Section IV, Accident Time and Location. This section is used to provide all the details of when, where and how the accident happened.

(a) Block 47, Date of Accident. Enter the date the accident actually occurred.

(b) Block 48, Place of Accident. Enter all the information about the exact location of the accident using the examples listed in this block. Be as thorough as possible in the description.

(c) Block 49, Time of Accident. Enter the time the accident actually occurred.

(d) Block 50, Indicate on This Diagram How the Accident Happened. Using the directions in this block the operator will draw a detailed diagram of the accident scene. To complete this block, you are required to graphically recreate the accident scene in as much detail as possible.

(e) Block 51, Point of Impact. The appropriate boxes should be checked to show the point of impact on each vehicle. If more than two vehicles are involved in the accident, use Section VIII or additional sheets of paper to provide the required information. Block 51 is made up of different boxes; place an "X" in the box next to each appropriate area of impact. One column is for the federal (government) vehicle and a second column is used for a second vehicle involved in the accident.

(f) Block 52, Describe What Happened. Using the notes in this block, write a detailed statement of what happened and any major factors that may have caused the accident. Above all else be truthful. All accidents involving injuries or damages of five hundred dollars or more will be thoroughly investigated by an assigned investigating officer.

(5) Section V, Witness/Passenger. This section is also sub-divided into section A and B to provide space to record information for two witnesses. Additional witnesses may be recorded on additional sheets and added to this SF-91.

(a) Block 53, Name.

(b) Block 54, Work Telephone Number.

(c) Block 55, Home Telephone Number.

(d) Block 56, Business Address.

(6) Section VI, Property Damage. Any accident involving vehicles has the potential to cause additional property damage other than the vehicles themselves, such as a mailbox, a fence or possibly a building. This is the type of information that must be entered in this section. Do NOT include vehicle damage in this section only all other property.

(a) Block 63a, Name of Owner.

(b) Block 63b, Office Telephone Number.

(c) Block 63c, Home Telephone Number.

(d) Block 63d, Business Address.

(e) Block 63e, Home Address.

(f) Block 64a, Name of Insurance Company.

(g) Block 64b, Telephone Number.

(h) Block 64c, Policy Number.

(i) Block 65, Item Damaged.

(j) Block 66, Location of Damaged Item.

(k) Block 67, Estimated Cost.

(7) Section VII, Police Information. Enter the information for the Civilian Police or Military Police (MP) who were in charge at the scene of the accident.

- (a) Block 68a, Name of Police Officer.
- (b) Block 68b, Badge Number.
- (c) Block 68c, Telephone Number.
- (d) Block 69, Precinct or Headquarters.
- (e) Block 70a, Person Charged With Accident
- (f) Block 70b, Violation(s).

(8) Section VIII, Extra Details. This section is intentionally left blank to allow the operator extra space on the form. This section would be used to complete information entered in other sections or to record additional information such as additional witnesses or accident victims. If this area is used to complete a section, be sure to indicate the related section and item number next to the explanation.

(9) Section IX, Federal Driver Certification. Blocks 71a and 71b are your legal certification that you have truthfully provided all information. When Section IX completed, you, as the operator, are finished with the portion of the SF-91.

(a) Block 71a, Name and Title of Driver. Here the operator will print their last, first and middle name, and rank.

(b) Block 71b, Drivers Signature and Date. When the operator signs and dates this form they are certifying the information on the SF-91 is accurate and correct.

(10) Section X, Details of Trip During Which Accident Occurred. The operator's supervisor will complete Section X.

(11) Section XI, Accident Investigation Data. An accident investigator will complete this section along with Sections XII and XIII if during the accident there was bodily injury, a fatality, and/or damage exceeding five hundred dollars or determined by Commanding Officer.

(12) Section XII, Attachments. In this section the investigator would list all attachments to this report, such as, NAVMC 10627, police reports, medical report for those injured in the accident, written witness statements, and so forth.

(13) Section XIII, Comments and Approvals. In this section the investigator and reviewing official will sign, date and print their name, title, and telephone number.

e. Filing and Disposition of the SF-91.

(1) After the operator has completed the SF-91, the operator will check the form to make sure it is complete and accurate. Once the SF-91 is completed it should be given to the operator's supervisor for review and appropriate action.

(2) The SF-91 will become a part of the accident investigation report. The investigation report, after being reviewed by the reviewing/convening authority, will be retained in the files at the Command (Battalion) headquarters for a period of two years and disposed of per the Judge Advocate General's Manual.

DD FORM 518

a. Purpose.

The DD Form 518 is used to provide any person(s) involved in an accident all of the information they require of the government motor vehicle operator.

b. Responsibilities.

The government motor vehicle operator will complete as many copies as required at the scene of the accident, provided the operator is able to do so. The DD 518 is issued when the operator is given the Trip Ticket and should have several copies. A second party may complete the card, using the information contained on the NAVMC 10627 and the government motor vehicle operator's OF-346.

c. Preparation Instructions.

The required entries on the DD Form 518 are self-explanatory and are contained on the form.

(1) In the first block, you need to enter the following information:

Address of the Commanding General of the Base

Your duty station

The words: "Attention: Claims Office"

(2) Date of Accident.

(3) Make and Type of vehicle.

(4) Registration number.

(5) Name.

(6) SSN.

(7) Rank.

(8) Unit.

d. Filing and Disposition.

Several blank copies of the DD Form 518 are carried in each vehicle. One completed copy is given to each party involved in the accident at the accident scene.

STUDENT REFERENCES:

FM 21-305
TM 4700-15/1E